

REPORT - HIPAA 271 to MMIS mapped fields only

<i>Loop</i>	<i>SegID</i>	<i>HIPAA Name</i>	<i>DT</i>	<i>Req</i>	<i>File</i>	<i>Field</i>	<i>DT</i>	<i>Comment</i>	<i>CommentType</i>
<i>Eligibility, Coverage or Benefit Information</i>									
ST		Transaction Set Header		R					
ST 01		Transaction Set Identifier Code	ID3	R				Hard code "271"	Translation
ST 02		Transaction Set Control Number	AN9	R				sequence # start 1 by 1 for each ST-SE	Translation
BHT		Beginning of Hierarchical Transaction		R					
BHT01		Hierarchical Structure Code	ID4	R				Hard code "0022"	Translation
BHT02		Transaction Set Purpose Code	ID2	R				Hard code "11"-response	Translation
BHT03		Submitter Transaction Identifier	AN30	S				Get from 270 BHT03	Match Back
BHT04		Transaction Set Creation Date	DT8	R				Generate current date	Translation
BHT05		Transaction Set Creation Time	TM8	R				Generate current time	Translation
2000A	HL	Information Source Level		R					
2000A	HL	Information Source Level		R					
2000A	HL 01	Hierarchical ID Number	AN12	R				sequence number: start 1 by 1 for each HL segment in ST-SE	Translation
2000A	HL 03	Hierarchical Level Code	ID2	R				Hard code "20"-info source	Translation

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2000A	HL 04	Hierarchical Child Code	ID1	R				Hard code "1"	Translation
2000A	AAA	Request Validation		S				Information Source must return complex error response codes.	Processing Logic
2100A	NM1	Information Source Name		R					
2100A	NM1	Information Source Name		R					
2100A	NM101	Entity Identifier Code	ID3	R				Hard code "PR"-Payer	Translation
2100A	NM103	Information Source Last or Organization Name	AN35	S				Hard code "Washington State DSHS Medical Assistance Administration"	Translation
2100A	NM108	Identification Code Qualifier	ID2	R				Hard code "XV"-Nat'l PlanID or "FI"-TaxID	Translation
2100A	NM109	Information Source Primary Identifier	AN80	R				Hard code MAA's PlanID or Tax ID	Translation
2100A	REF	Information Source Additional Identification		S					
2100A	PER	Information Source Contact Information		S					
2100A	PER01	Contact Function Code	ID2	R				Hard code "IC"	Translation
2100A	PER02	Information Source Contact Name	AN60	S				Hard code "Provider Relations"	Translation
2100A	PER04	Information Source Communication Number	AN80	S				Hard code "(800)652-6188"	Translation
2100A	AAA	Request Validation		S					
2000B	HL	Information Receiver Level		S					
2000B	HL	Information Receiver Level		S					
2000B	HL 03	Hierarchical Level Code	ID2	R				Hard code "21"-info receiver	Translation

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2000B	HL 04	Hierarchical Child Code	ID1	R				Hard code "1"	Translation
2100B	NM1	Information Receiver Name		R				Return whatever was in the corresponding fields of the 270.	Match Back
2100B	NM1	Information Receiver Name		R					
2100B	NM109	Information Receiver Identification Number	AN80	R				Return whatever was in the corresponding fields of the 270.	Match Back
2100B	REF	Information Receiver Additional Identification		S					
2100B	REF02	Information Receiver Additional Identifier	AN30	R				Return whatever was in the corresponding fields of the 270.	Match Back
2100B	AAA	Information Receiver Request Validation		S					
2000C	HL	Subscriber Level		S				Subscriber is usually the Patient, so there's no Dependent Loop (2000D).	Translation
2000C	HL	Subscriber Level		S					
2000C	HL 03	Hierarchical Level Code	ID2	R				Hard code "22"-subscriber	Translation
2000C	TRN	Subscriber Trace Number		S					
2000C	TRN01	Trace Type Code	ID2	R				Hard code "2"-referenced transaction trace number	Translation
2000C	TRN02	Trace Number	AN30	R				Get from 270 Loop 2000C TRN03	Match Back
2000C	TRN03	Trace Assigning Entity Identifier	AN10	R				Hard code "2"-info receiver	Translation
2000C	TRN04	Trace Assigning Entity Additional Identifier	AN30	S				Get from 270 Loop 2000C TRN03	Match Back
2100C	NM1	Subscriber Name		R					
2100C	NM1	Subscriber Name		R					
2100C	NM101	Entity Identifier Code	ID3	R				Hard code "IL"-subscriber or insured	Translation

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2100C	NM103	Subscriber Last Name	AN35	S	Recip-Elig-File	RECIP-LAST-NAME	X(13)	Must support length of up to 35 bytes	HIPAA Required
2100C	NM104	Subscriber First Name	AN25	S	Recip-Elig-File	RECIP-FIRST-NAME	X(9)	Must support length of up to 25 bytes	HIPAA Required
2100C	NM105	Subscriber Middle Name	AN25	S	Recip-Elig-File	RECIP-MIDDLE-INIT	X(1)	Must support length of up to 25 bytes	HIPAA Required
2100C	NM108	Identification Code Qualifier	ID2	S				Send "MI"-Member ID (Medicaid ID/PIC)	Translation
2100C	NM109	Subscriber Primary Identifier	AN80	S	Recip-Elig-File	RECIP-IDENT-NUMBER	X(14)		
2100C	REF	Subscriber Additional Identification		S				Multiple REF segments for different IDs. IF 270 had "EJ" REF with patient acct num, it must be returned here.	Match Back
2100C	REF01	Reference Identification Qualifier	ID3	R				Send "3H" with recip-case-number (optional); send "SY" with SSN (opt); send "1W" with Member/Client ID; send "F6" with recip-ss-claim-num (HIC); if patient account number was received on 270, it must be returned ("EJ"); send "G1" with PA#; send "NQ" with recip-ident-number; send "HJ" with recip-au-number	Translation
2100C	REF02	Subscriber Supplemental Identifier	AN30	R	Prior-Authorization	PRIOR-AUTH-NUM	9(9)	Only return SSN if it's sent in the 270	Policy Issues
2100C	REF02	Subscriber Supplemental Identifier	AN30	R	Recip-Elig-File	RECIP-AU-NUMBER	X(09)	Only return SSN if it's sent in the 270	Policy Issues
2100C	REF02	Subscriber Supplemental Identifier	AN30	R	Recip-Elig-File	RECIP-CASE-NUMBER	X(11)	Only return SSN if it's sent in the 270	Policy Issues
2100C	REF02	Subscriber Supplemental Identifier	AN30	R	Recip-Elig-File	RECIP-CLIENT-ID	X(09)	Only return SSN if it's sent in the 270	Policy Issues
2100C	REF02	Subscriber Supplemental Identifier	AN30	R	Recip-Elig-File	RECIP-IDENT-NUMBER	X(14)	Only return SSN if it's sent in the 270	Policy Issues
2100C	REF02	Subscriber Supplemental Identifier	AN30	R	Recip-Elig-File	RECIP-SS-CLAIM-NUM	X(12)	Only return SSN if it's sent in the 270	Policy Issues

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2100C	REF02	Subscriber Supplemental Identifier	AN30	R	Recip-Elig-File	RECIP-SS-NUMBER	X(9)	Only return SSN if it's sent in the 270	Policy Issues
2100C	N 3	Subscriber Address		S				We do not send client's address for privacy reasons.	Processing Logic
2100C	N 4	Subscriber City/State/ZIP Code		S				We do not send client's address for privacy reasons.	Processing Logic
2100C	N 401	Subscriber City Name	AN30	S				Parse into city, state, zip.	Translation
2100C	N 402	Subscriber State Code	ID2	S				Parse into city, state, zip.	Translation
2100C	N 405	Location Qualifier	ID2	S				hard code "CY"-county	Translation
2100C	N 406	Location Identification Code	AN30	S	Recip-Elig-File	RECIP-COUNTY-CODE	9(2)		
2100C	PER	Subscriber Contact Information		S				We do not send client's phone for privacy reasons.	Processing Logic
2100C	AAA	Subscriber Request Validation		S					
2100C	DMG	Subscriber Demographic Information		S				HIPAA says race is not used in 271	Translation
2100C	DMG02	Subscriber Birth Date	AN35	S	Recip-Elig-File	RECIP-DATE-OF-BIRTH	9(7)	In the format CCYYMMDD	Translation
2100C	DMG03	Subscriber Gender Code	ID1	S	Recip-Elig-File	RECIP-SEX-CODE	X(1)	Map internal "1" to "M" and "2" to "F"	Translation
2100C	INS	Subscriber Relationship		S					
2100C	DTP	Subscriber Date		S				Don't put elig dates here; put them in EB loop.	Translation

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2110C	EB	Subscriber Eligibility or Benefit Information		S				MMIS needs to support more than one program/plan per recipient: send one EB loop per Client program/plan with EB01="IL"-insured. Plus two EB loops if sending TPL/COB info (for other payer & subscriber with EB01="R"-other payer, see "TPL EB Loop:" comments).	HIPAA Required
2110C	EB	Subscriber Eligibility or Benefit Information		S				Use a combination of values for EB segment data elements to send eligibility data, depending on type of elig; see each field.	Processing Logic
2110C	EB 01	Eligibility or Benefit Information	ID2	R				For recipient Medicaid benefits, send "1"-active coverage. For TPL send "R"-other payer. For restricted provider, send "N" with NM101="13".	Translation
2110C	EB 02	Benefit Coverage Level Code	ID3	S				hard code "IND"-individual	Translation
2110C	EB 03	Service Type Code	ID2	S	Recip-Elig-File	PROGRAM-CODE	X(1)	MAA must decide which service type codes to support, besides "30"-generic request. Send "A1"-substance abuse, if program-code = "W". If excep-indic="D", EB03="45"-hospice; if program-cd="W", EB03="A1"-substance abuse.	Policy Issues
2110C	EB 03	Service Type Code	ID2	S	Recip-Elig-File	RECIP-EXCEP-INDIC	X(1)	MAA must decide which service type codes to support, besides "30"-generic request. Send "A1"-substance abuse, if program-code = "W". If excep-indic="D", EB03="45"-hospice; if program-cd="W", EB03="A1"-substance abuse.	Policy Issues
2110C	EB 04	Insurance Type Code	ID3	S	Recip-Elig-File	RECIP-EXCEP-INDIC	X(1)	Send "MC"-Medicaid, AND if HMO, also send another EB loop with EB04="HM" and HMO data in loop 2120C. For TPL, map codes. If excep-indic=E, send EB04="DB" & EB05="DDD".	Translation

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2110C	EB 05	Plan Coverage Description	AN50	S	Recip-Elig-File	MATCH-CODE	X(1)	Map MMIS fields to list of all legends on the ID card.	Map Codes
2110C	EB 05	Plan Coverage Description	AN50	S	Recip-Elig-File	MEDICAL-CODE	X(1)	Map MMIS fields to list of all legends on the ID card.	Map Codes
2110C	EB 05	Plan Coverage Description	AN50	S	Recip-Elig-File	PCOP-TYPE	X(01)	Map MMIS fields to list of all legends on the ID card.	Map Codes
2110C	EB 05	Plan Coverage Description	AN50	S	Recip-Elig-File	PROGRAM-CODE	X(1)	Map MMIS fields to list of all legends on the ID card.	Map Codes
2110C	EB 05	Plan Coverage Description	AN50	S	Recip-Elig-File	RECIP-EXCEP-INDIC	X(1)	Map MMIS fields to list of all legends on the ID card.	Map Codes
2110C	EB 06	Time Period Qualifier	ID2	S				Send "Y" here with spend down amt in EB07; send "32" with lifetime units; send "29" with computed pa-amount-approved minus pa-amount-used; send "B" with co-pay amount.	Translation
2110C	EB 07	Benefit Amount	R18	S	Prior-Authorization	PA-AMOUNT-APPROVED	9(07)V99	Get these PA amounts by searching for a PA or not?	Policy Issues
2110C	EB 07	Benefit Amount	R18	S	Prior-Authorization	PA-AMOUNT-USED	9(07)V99	Get these PA amounts by searching for a PA or not?	Policy Issues
2110C	EB 09	Quantity Qualifier	ID2	S				Send "S7" with max age (proc or diag, depending on request by proc or diag); send "S8" with min age. If supported, send "QA" with pa-units-approved; send "99" with units used?	Translation
2110C	EB 10	Benefit Quantity	R15	S	Diagnosis-Master	MAXIMUM-AGE	9(3)		
2110C	EB 10	Benefit Quantity	R15	S	Diagnosis-Master	MINIMUM-AGE	9(3)		
2110C	EB 10	Benefit Quantity	R15	S	Procedure-Master	MAXIMUM-AGE	9(3)		
2110C	EB 10	Benefit Quantity	R15	S	Procedure-Master	MINIMUM-AGE	9(3)		

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2110C	EB 11	Authorization or Certification Indicator	ID1	S	Diagnosis-Master	PRIOR-AUTH-IND	X(1)		
2110C	EB 11	Authorization or Certification Indicator	ID1	S	Procedure-Master	PRIOR-AUTH-IND	X(1)		
2110C	EB 13	Product or Service ID Qualifier	ID2	R				If using procedure level benefits, send "HC" with proc code; send "ND" with drug code	Translation
2110C	EB 13	Procedure Code	AN48	R	Proc-Diag-Drug	DRUG-CODE	X(12)		
2110C	EB 13	Procedure Code	AN48	R	Proc-Diag-Drug	PROC-CODE	X(5)		
2110C	EB 13	Procedure Modifier	AN2	S	Procedure-Master	CODE-MODIFIER	X(2)		
2110C	HSD	Health Care Services Delivery		S					
2110C	REF	Subscriber Additional Identification		S				In TPL EB loops, send "IG" with pol-cert-num for both subscr & payer.	Translation
2110C	REF01	Reference Identification Qualifier	ID3	R				For TPL EB loop, send "1W"-Member ID with membership-number, & send "6P"-group number with group-number & policyholder-name (employer or group name)	Translation
2110C	REF02	Subscriber Eligibility or Benefit Identifier	AN30	R	Recip-Elig-File	GROUP-NUMBER	X(10)		
2110C	REF02	Subscriber Eligibility or Benefit Identifier	AN30	R	Recip-Elig-File	MEMBERSHIP-NUMBER	X(9)		
2110C	REF02	Subscriber Eligibility or Benefit Identifier	AN30	R	Recip-Elig-File	POL-CERT-NUM	X(15)		
2110C	REF03	Plan Sponsor Name	AN80	S	Recip-Elig-File	POLICYHOLDER-NAME	X(20)		
2110C	DTP	Subscriber Eligibility/Benefit Date		S					

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2110C	DTP01	Date Time Qualifier	ID3	R				In client EB loop, send "307"-elig with recip-elig-begin/end-date as a date range. (If HMO, send "307" with pcop-begin/end-date in EB04="HM" loop) For TPL EB loops, send "307" with cov-begin/end-date as a date range.	Translation
2110C	DTP03	Eligibility or Benefit Date Time Period	AN35	R	Recip-Elig-File	COV-BEGIN-DATE	9(5)	If HMO, send pcop-begin/end-date in HMO EB loop (EB04="HM")	Translation
2110C	DTP03	Eligibility or Benefit Date Time Period	AN35	R	Recip-Elig-File	COV-END-DATE	9(5)	If HMO, send pcop-begin/end-date in HMO EB loop (EB04="HM")	Translation
2110C	DTP03	Eligibility or Benefit Date Time Period	AN35	R	Recip-Elig-File	PCOP-BEGIN-DATE	9(05)	If HMO, send pcop-begin/end-date in HMO EB loop (EB04="HM")	Translation
2110C	DTP03	Eligibility or Benefit Date Time Period	AN35	R	Recip-Elig-File	PCOP-END-DATE	9(05)	If HMO, send pcop-begin/end-date in HMO EB loop (EB04="HM")	Translation
2110C	DTP03	Eligibility or Benefit Date Time Period	AN35	R	Recip-Elig-File	RECIP-ELIG-BEG-DATE	9(5)	If HMO, send pcop-begin/end-date in HMO EB loop (EB04="HM")	Translation
2110C	DTP03	Eligibility or Benefit Date Time Period	AN35	R	Recip-Elig-File	RECIP-ELIG-END-DATE	9(5)	If HMO, send pcop-begin/end-date in HMO EB loop (EB04="HM")	Translation
2110C	AAA	Subscriber Request Validation		S					
2110C	MSG	Message Text		S					
2110C	MSG01	Free Form Message Text	AN264	R				Hardcode "This is the client's eligibility as of this date, based on information available at this time."	Translation
2115C	III	Subscriber Eligibility or Benefit Additional Information		S					
2115C	III	Subscriber Eligibility or Benefit Additional Information		S				If supporting a request based on diagnosis, return what was in 270 with EB01= covered or non-covered. If sending info that a benefit is limited to a certain diagnosis or facility type, EB01="F"-limitation, and the diagnosis or fac type goes here.	Translation

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2115C	III01	Code List Qualifier Code	ID3	R				"BF"-diagnosis or "BK"-principal diagnosis or "ZZ"-type of facility; must send diagnoses when it conflicts with procedure (see proc flags).	Translation
2115C	III02	Industry Code	AN30	R	Diagnosis-Master	DIAG-CODE-ICD-9	X(7)		
2115C	III02	Industry Code	AN30	R	Procedure-Master	BLIND-ONLY-IND	X(1)		
2115C	III02	Industry Code	AN30	R	Procedure-Master	EPSDT-ONLY-IND	X(1)		
2115C	III02	Industry Code	AN30	R	Procedure-Master	ITA-ONLY-IND	X(1)		
2115C	III02	Industry Code	AN30	R	Procedure-Master	PROC-ABORT-IND	X(1)		
2115C	III02	Industry Code	AN30	R	Procedure-Master	PROC-FAM-PLAN-IND	X(1)		
2115C	III02	Industry Code	AN30	R	Procedure-Master	PROC-NH-IND	X(1)		
2115C	III02	Industry Code	AN30	R	Procedure-Master	PROC-STERIL-IND	X(1)		
2115C	LS	Loop Header		S					
2120C	NM1	Subscriber Benefit Related Entity Name		S				TPL EB Loop: since this 2120C loop occurs only once per 2110C loop, we need two 2110C loops just for TPL: one for subscriber name & IDs, one for TPL payer name & IDs. We'll connect them by sending policy number ("IG" REF) in both.	Translation
2120C	NM1	Subscriber Benefit Related Entity Name		S				If need to send HOH, put it here with NM101="LR".	Translation

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2120C	NM101	Entity Identifier Code	ID3	R				In client EB loops, send "13" with prov-name & restrict-prov-num (or if HMO, pcop-billing-prov instead); send "GP" with cso-of-residence; send "PR"-payer with HMO(PCOP) data. In TPL EB loop (EB01="R"), send "IL" with name-of-insured (subscriber), and "PR" with carrier-name, and "36" with policyholder-name only if group-number is empty.	Translation
2120C	NM103	Benefit Related Entity Last or Organization Name	AN35	S	Prov-File	PROV-NAME	X(31)	For HMO, get name from prov file via pcop-biling-prov. Support up to 35 bytes.	Processing Logic
2120C	NM103	Benefit Related Entity Last or Organization Name	AN35	S	Recip-Elig-File	CARRIER-NAME	X(20)	For HMO, get name from prov file via pcop-biling-prov. Support up to 35 bytes.	Processing Logic
2120C	NM103	Benefit Related Entity Last or Organization Name	AN35	S	Recip-Elig-File	NAME-OF-INSURED	X(20)	For HMO, get name from prov file via pcop-biling-prov. Support up to 35 bytes.	Processing Logic
2120C	NM103	Benefit Related Entity Last or Organization Name	AN35	S	Recip-Elig-File	POLICYHOLDER-NAME	X(20)	For HMO, get name from prov file via pcop-biling-prov. Support up to 35 bytes.	Processing Logic
2120C	NM108	Identification Code Qualifier	ID2	S				In client EB loop: send "FA" with cso-of-residence; send "MI" with client ID. In TPL EB loop: for subscriber (NM101="IL"), send "34"-SSN with ssn-of-insured; for payer (NM101="PR"), send "PR"-payer ID with carrier-id.	Translation
2120C	NM109	Benefit Related Entity Identifier	AN80	S	Recip-Elig-File	CARRIER-ID	X(4)		
2120C	NM109	Benefit Related Entity Identifier	AN80	S	Recip-Elig-File	CSO-OF-RESIDENCE	9(2)		
2120C	NM109	Benefit Related Entity Identifier	AN80	S	Recip-Elig-File	PCOP-BILLING-PROV	9(07)		

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2120C	NM109	Benefit Related Entity Identifier	AN80	S	Recip-Elig-File	RESTRICT-PROV-NUM	9(10)		
2120C	NM109	Benefit Related Entity Identifier	AN80	S	Recip-Elig-File	SSN-OF-INSURED	X(9)		
2120C	N 3	Subscriber Benefit Related Entity Address		S				Add subscriber and/or TPL address to MMIS?	Nice to Have
2120C	N 4	Subscriber Benefit Related City/State/ZIP Code		S					
2120C	N 401	Benefit Related Entity City Name	AN30	S				Support up to 30 bytes	HIPAA Required
2120C	PER	Subscriber Benefit Related Entity Contact Information		S				Add subscriber and/or TPL phone to MMIS?	Nice to Have
2120C	PER02	Benefit Related Entity Contact Name	AN60	S	Prov-File	PROV-NAME	X(31)	In client's NM101="GP"-HMO loop, send client's case mgr (PCCM) name, link PCOP-BILLING-PROV when PCOP-TYPE="P" to prov file	Translation
2120C	PER04	Benefit Related Entity Communication Number	AN80	S	Prov-File	PROV-TELE-NUM	9(10)		
2120C	PRV	Subscriber Benefit Related Provider Information		S					
2120C	PRV03	Provider Identifier	AN30	R	Recip-Elig-File	PCOP-BILLING-PROV	9(07)	In client's NM101="GP"-HMO loop, send client's case mgr (PCCM) number	Translation
2120C	LE	Loop Trailer		S					
2000D	HL	Dependent Level		S					
2000D	HL	Dependent Level		S					
2000D	TRN	Dependent Trace Number		S					

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2100D	NM1	Dependent Name		R					
2100D	NM1	Dependent Name		R					
2100D	REF	Dependent Additional Identification		S					
2100D	N 3	Dependent Address		S					
2100D	N 4	Dependent City/State/ZIP Code		S					
2100D	PER	Dependent Contact Information		S					
2100D	AAA	Dependent Request Validation		S					
2100D	DMG	Dependent Demographic Information		S					
2100D	INS	Dependent Relationship		S					
2100D	DTP	Dependent Date		S					
2110D	EB	Dependent Eligibility or Benefit Information		S					
2110D	EB	Dependent Eligibility or Benefit Information		S					
2110D	HSD	Health Care Services Delivery		S					
2110D	REF	Dependent Additional Identification		S					
2110D	DTP	Dependent Eligibility/Benefit Date		S					
2110D	AAA	Dependent Request Validation		S					
2110D	MSG	Message Text		S					

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2115D	III	Dependent Eligibility or Benefit Additional Information		S					
2115D	III	Dependent Eligibility or Benefit Additional Information		S					
2115D	LS	Dependent Eligibility or Benefit Information		S					
2120D	NM1	Dependent Benefit Related Entity Name		S					
2120D	N 3	Dependent Benefit Related Entity Address		S					
2120D	N 4	Dependent Benefit Related Entity City/State/ZIP Code		S					
2120D	PER	Dependent Benefit Related Entity Contact Information		S					
2120D	PRV	Dependent Benefit Related Provider Information		S					
2120D	LE	Loop Trailer		S					
2120D	SE	Transaction Set Trailer		R					

<i>Loop</i>	<i>SegID</i>	<i>HIPAA Name</i>	<i>DT</i>	<i>Req</i>	<i>File</i>	<i>Field</i>	<i>DT</i>	<i>Comment</i>	<i>CommentType</i>
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Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)